PATE!	Neduction Act of 1885, no per VT APPLICATION P Substitute	sous ele tedrated lo tes	U.S.P.	dent end i	Approved (	or use the	Pugh 7/81/2008 DEPARTMENT	TO/88/08 (1 OMB 0661
	Substitute	for Form PTO-876	TION RE	OORD		Applio	avon or Docker	Control num
APF	LICATION AS FILED .	-PARTI	•		-	11	YSIT	259
FOR	NUMBER FILED	(Oolumn 2)		SMALL I	NTITY .	• <b>Q</b> R	OTHE	RTHAN
BASIO PEE B7 OFB 1.18(a), (b), or (d))	. MAINTENTILED	NUMBER EXTRA	- RA	TE (1).	FEE (1)	1 1		ENTITY
BEAROH FEE BY OFR 1.18(K), (I), or (m))			-			1 .	RATE (1)	FEE (1)
EXAMINATION FEE (B) OFR 1.18(d), (p), or (q)) TOTAL OLAIMS								-
(87 OFR 1.16(II)) NDEPENDENT CLAIMS	minus 20 =		-	7-7-		· . [		<del></del>
(87 OFR 1.16(N)	e enulin			25. T		OR	x 57 .	
APPLICATION BIZE	If the specification and c sheets of paper, the app ts \$250 (\$125 for small.	frawings exceed 100	-     × / c				200=	-
(87 CFR 1.16(s))	additional to Alead	ALIANA INI ESCH	11			.		
MULTIPLE DEPENDENT C	35 U.S.C. 41(a)(1)(G) and LAIM PRESENT (37 CFR.1.16	1d-87 CFR 1.16(s).			. 1		- 1	
* If the difference in column	I is less than zero, enter or in	(0)	1 68	0		· . †-	360	<del></del>
APPLICAT	ON AS AMENDED - F	1 column 2.	тот	AC _		٠ اـــــ	TOTAL .	
( ) ) / )-(					: .		TOTAL L	
o Cl	AIMS HIGH	umn 2) (Column 3)	SM	ALL ENT	ΙΤΫ́	OR	OTHER TH	IAN
AMEN AMEN	TER PREVIO	DUSLY FXTRA	RATE (		IDDI:	L R	SMALL ENT	
Total (rr orn 1.46m)  Independent (rr orn 1.460)	Minus	0 =	x 25	Fi	ONAL E(1)		1.1	ADDI. TIONAL EE:(\$)
Application Size Féé (37	Minus ***	3 =	x low	7	oi		50 = 1	
	MULTIPLE DEPENDENT CLAIM			17	Ö	* X C	200	,
		(37 CFR 1.16(0))	TOTAL		OF	3	60	
(Colum	n 1) (Colum	30.21 (Caturus a)	ADD'L FEE		OR	TOTA	FEE	
CLAI REMAII AFTE	HIGHES HUMBE	B PBEOCH		<u> </u>				<del>`</del> .
CLAI REMAI AFTE AMENDI Total BTORR 1.4(II)		SLY EXTRA	RATE (\$)	- ADI	IAI .	RAT		001-
Independent 17. OR 1.16(N) Application Size Fee (87 C	Minus +++		Х =	FEE	- T	-	FEI	NAL .
	FR 1.16(s))	=	۰X ۰ =		OR	×		
FIRST PRESENTATION OF M	ULTIPLE DEPENDENT OLAIM (	7. OFR 1.16(D)		-	UK .	<u> </u>	=	<del></del>
			TOTAL	<del> </del>	OR:			
If the entry in column 1 is to	ss than the entry in column 2, hously Paid For, IN THIS SPA	Wille *0* in column a	ADDU con	<u>.                                    </u>	OR	TOTAL ADD'L F	EE	
The Highest Number Prev	ss than the entry in column 2, dously Paid For IN THIS 8PA lously Paid For IN THIS 8PA	CE is less than 20, buto	r *20*.			.,	<u> </u>	

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 OFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the including gathering, and submitting the completed application of the amount of time you require to complete this form and/or suggestions for reducing tills burden, should be sent to the Chief Individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS